AISSOURI	DI	VIS	ON OF HEALTH - STANDARD	CERTIFI	CATE O	F DEATH		-62-00	5934	
ARTMENT OF			gistration District No	ation District	N.3016	Registrar's No.	//3 -	STATE FILE NU	MBER >	
	, 		PLACE OF DEATH AR 1 2 1962 a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to a. STATE Missouri b. COUNTY Cole admission					
AMENDED		1	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City c. FULL NAME OF (If NOT in hospital, give location)		of stay in 1b	d. STREET	Jefferson City (If cutside, give location)		Inside Limits Yes □ No ♣ Reside on Farm	
DATE		<u> </u>	HOSPITAL OR INSTITUTION St. Mary's Hospital	·	res 🗷 No 🗆	ADDRESS	Scruggs Sta		Yes □ No □	
			NAME OF DECEASED (Type or print) EMIL ANDREW	Middle I CAR	VER	Last 4. DATE Month Day Year OF DEATH March 9, 1962				
			Male White	wed 🗆	er Married 🗍 Divorced 📋	8. DATE OF BIRTH	47	Mogths Days	Hours Min.	
FOLLOWS			during most of working life, even if retired) Weedie Tootwear Corp.		S OR INDUSTRY	Jefferson	City, Mo.	12. CITIZEN OF USA	WHAT COUNTRY	
	i	<u></u>	ames T. Carver	_		ret Carver	l	a Mahoney Ca	rver	
ARE AS	-	(1)	s, no, or unknown) [If yes, give war or dates of service NO NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART 1. DEATH WAS CAUSED BY:	, (D), and (C).		Mrs.Venita	Carver, Sc	ruggs Sta.Rd	J.C., Mo	
THIS RECORD INSTEAD OF	DOCUMEN		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	enfor	levolue	of the	Mysears	y Theology	Idays	
NO STN		ICATION	PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a	n)			j	☐ Yes ☐ N	icy in last 90 days lo 🔲 Unknow	
4MENDMENTS)]	AL CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMIC PERFORMED? CO. TIME OF Hour Month, Day, Year	.iDE 20ь.	DESCRIBE HOV	V INJURY OCCURRED.	(Enter nature of Inju	ry in PART I or PART II	of item 18.)	
& &		MEDICAL	INJURY a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY	(e.g., in or	about home, 2	Of. CITY, TOWN, OR	LOCATION	COUNTY	STATE	
READ			WHILE AT WORK farm, factory, street NOT WHILE AT WORK	er, ornica biog	103/9	/62 and	last saw him alive o	on 3/5/62		
SHOULD R			Death occurred at 10 · 45 22e. SIGNATURE 2 Pegree or title		on the			knowledge, from the ca	uses stated.	
SHC	AVIT O	23	BURIAL CREMATION 23b. DATE 23c. N	ens. A	METERY OR CRE	302 Ba	livar Jeff 3d. LOCATION (City,	Lesson City	3/10/62 (State)	
NO.	AFFIDAVIT	724	REMOVAL (Specify)	esurre	ction Ce	metery E RECD. BY LOCAL RE		City, Mo.	. ^	
	β	ري	icho Derescher y	(Licensed Em	balmer's Statem	ent on Reverse Side)	KHDorr	is Mo Mice	ter Dep.	

STATEMENT BY LICENSED EMBALMER

	1 here	by c	ertify th	nat the	body	whose	nar	ne is	recorded	on the re	verse	e side	of this certificate was embalmed by me,
or by_							-						, Student Embalmer No
working	g unde	r my	person	al supe	rvisio	n.					//	/	1/2
Student									_ Sie	gned(LC	10/ Suescher
			Signatur	e of Stud	lent Em	balmer				•			371/
						•					٠	L	Licensed Embalmer No.
												F	P. O. Address 4 M
	Nofe:	The	above	MUST	BE S	SIGNED	BY	THE	LICENSED	EMBALM	ER in	his (OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. . .

If this body is not embalmed, fact should be so stated above.